

Pro Se I (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the
District of
Division

Case No.

3:17-CV-907
(to be filled in by the Clerk's Office)

Jury Trial: (check one)

☒ Yes ☐ No

FILED
SCRANTON

MAY 23 2017

PER

Amo
DEPUTY CLERK

SARAH SMITH

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Stop Rite + Village Supermarket
51 N Third Ave — 733 Mountain Ave
Stroudsburg PA — Springfield NJ
18360 — 07081

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address

SARAH SMITH
328 KISTLER PI #8
EAST STROUDSBURG PA
510-421-7652 18301

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

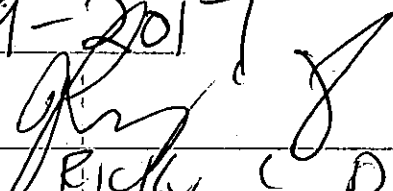
Date of signing: 5-9-2017

Signature of Plaintiff _____

Printed Name of Plaintiff _____

B. For Attorneys

Date of signing: 5-9-2017

Signature of Attorney 

Printed Name of Attorney RICKY C. DAVIS

Bar Number Limited power of attorney

Name of Law Firm FOR SISTER BERN SMITH

Street Address 595 WOODSTOCK AVE

State and Zip Code STRATFORD CT 06614

Telephone Number 347-245-1197

E-mail Address DAVIS RICKY 121 YAHOO.COM

Pro Se I (Rev. 12/16) Complaint for a Civil Case

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

- ☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Strick Liability

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) SARA Smith, is a citizen of the
State of (name) PA 18301-2536

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____
and has its principal place of business in the State of (name) _____

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) _____, is a citizen of
the State of (name) _____ Or is a citizen of
(foreign nation) _____

Pro Se I (Rev. 12/16) Complaint for a Civil Case

b. If the defendant is a corporation

The defendant, (name) Shop Rite, is incorporated underthe laws of the State of (name) PENNSYLVANIA 18360, and has itsprincipal place of business in the State of (name) 51 N Third Ave Strongsbury PA

Or is incorporated under the laws of (foreign nation) _____

and has its principal place of business in (name) _____

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Shop Rite and its owner, fail to maintain, and or provide a safe environment, for me to shop, caused me to fall, and injure my self, to the point that I needed an operation to recover from pain.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

1,000,000 1 million dollars

I Feel that my injuries are perminate
I need Help for the Remainder of my Life

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Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Shop Rite
51 N Third ST
51 N Third ST
STROUDSBURG
PENNSYLVANIA - 18360
570-424-5715

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Shop Rite - Village Supermarket
OWNER
733 - MOUNTAIN AVE
SPRINGFIELD
NEW JERSEY 07081
1800-746-7483 - 1800 Shop Rite

owner - 973-376-3028

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

LIMITED POWER OF ATTORNEY

1. I, SARAH DAVIS Smith of 328 Kistler Pl #8 East Stroudsburg PA 18301 aged eighteen years and upwards hereby appoint Ricky Davis of 595 Woodstock Ave Stratford CT 06614 as my lawfully appointed attorney in fact (referred to as the "Agent") on and subject to the terms and conditions set out below. If for any reason this person shall be unable or unwilling to act as my Agent, I hereby appoint Ricky Davis of 595 Woodstock Ave Stratford CT 06614 to act as my Agent instead subject to the CLAIMS AND LITIGATION set out herein.
2. This power of attorney shall apply for financial and property applications only and shall remain effective until the earlier of (i) _____ days from the date hereof; (ii) the date of any written revocation of my Agent's authority hereunder; (iii) the date upon which my Agent has fulfilled the purpose set out in Clause 4 hereof; (iv) the date on which I am determined to be incapacitated or (v) the date of my death.
3. This power of attorney shall become and is hereby effective immediately and will continue in full force and effect until terminated in accordance with the provisions of Clause 2. This power of attorney shall, for the avoidance of doubt, be construed as a limited power of attorney.
4. I hereby grant (subject to the provisions of Clause 5) my Agent full power and authority to do and perform each and every act which I could do or perform for the purpose(s) of OBTAIN A SETTLEMENT
IN THE CASE OF SARAH DAVIS SMITH - VS -
SHOP-RITE OF MONROE PLAZA
THIRD AND MCCONNELL STROUDSBURG
PA 18360

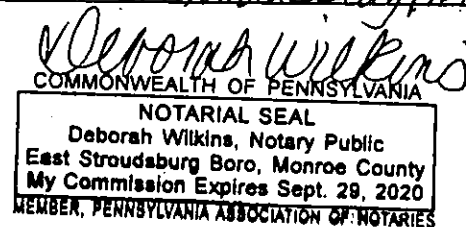
 and I hereby ratify and confirm all that my Agent shall do or cause to be done under this power of attorney.
5. My Agent shall have no authority to give any of my property to, or use any of my property for the benefit of himself or herself. In addition, my agent (i) cannot execute a will, a codicil, or any will substitute on my behalf; (ii) cannot change the beneficiary on any life insurance policy that I own; (iii) cannot make gifts on my behalf; (iv) may not exercise any powers that would cause any assets of mine to be considered taxable to my Agent or

505

6. The powers conferred on my Agent herein may be exercised by my Agent alone, and my Agent's signature or act under the authority granted herein may be accepted by any third person or organization as fully authorized by me and with the same legal force and effect as if I were personally present, competent and acting on my own behalf.
7. Third parties may rely upon the representations of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the authority granted under this power of attorney shall incur any liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the power of attorney has been revoked or terminated by operation of law or otherwise.
8. No agent named or substituted in this power of attorney shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct, fraud or negligence.
9. My Agent shall provide an accounting for all funds and assets handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary properly acting on my behalf. My Agent shall not however be obliged to file any such accountings or any inventory with a court and any obligation in this respect is hereby waived to the fullest extent permitted by law.
10. My Agent shall be reimbursed for reasonable expenses incurred while acting as my Agent and may receive reasonable compensation for acting as Agent.
11. This power of attorney will be governed by the laws of the State of PENNSYLVANIA without regard for conflicts of laws principles and is intended to be valid in all jurisdictions of the United States of America and all foreign nations.

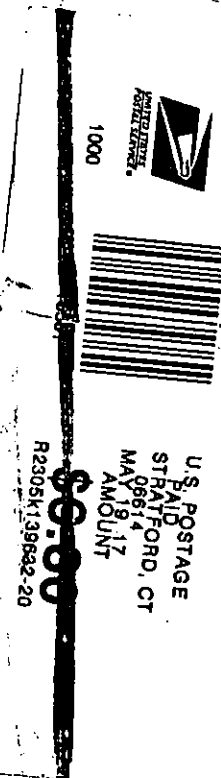
Executed this 30th day of March 20 17
at Wesloch Carney & Colle CPAs - East Stroudsburg, PA 18041

Sarah C. Smith



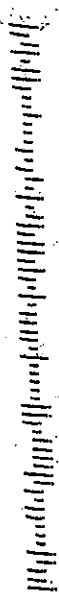


Ricky DAVIS
595 Woodstock Ave
Stratford CT 06614



US District Court
235 Washington Ave
Scranton PA 18501

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PER S
DEPUTY CLERK

